



Application  
Number: \_\_\_\_\_

THOMAS J. PASTUSZKA, CMC, CCB  
EXECUTIVE OFFICER/CLERK

# County of San Diego

## ASSESSMENT APPEALS BOARDS

1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CALIFORNIA 92101-2471

TELEPHONE (619) 531-5777  
FAX (619) 531-6098  
www.sandiegocob.com

### ASSESSMENT APPEALS CONTACT INFORMATION CHANGE REQUEST

#### Appeal Application Information:

APPLICATION NUMBER(S)	APN(S) (Assessor's Parcel Number) and/or TAX BILL NUMBER

Please update the above applications to reflect the contact information changes below:

#### APPLICANT CONTACT INFORMATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### AGENT/ATTORNEY INFORMATION (if applicable)

Agent/Attorney Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

#### Additional Changed Information:

---

---

---

---

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**THIS FORM IS SUBJECT TO PUBLIC INSPECTION**